

FILE NOW: FILING FEE IS \$61.25

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Jan 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727684 (3)
1. Corporation Name
OCEAN MANOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
639 E OCEAN AVE
SUITE 204
BOYNTON BCH FL 33435
US

Mailing Address
639 E OCEAN AVE
SUITE 204
BOYNTON BCH FL 33435-5014
US

3. Date Incorporated or Qualified
10/08/1973

3a. Date of Last Report
04/29/1996

4. FEI Number
59-1589541

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

ZENA KIMBRUNNER
639 E OCEAN AVE
SUITE 204
BOYNTON BCH FL 33435

10. Name and Address of New Registered Agent

81 Name
GROMKO & PORTER, INC.

82 Street Address (P.O. Box Number is Not Acceptable)
306 E. BOYNTON BEACH BLVD

83

84 City BOYNTON BEACH FL 85 Zip Code 33435

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DULWORTH, DAVID	
STREET ADDRESS	5500 OLD OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ELAINE SANSEVERINO	
STREET ADDRESS	5500 OLD OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HENRY LEARY	
STREET ADDRESS	5500 OLD OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LEMAN, JOHN	
STREET ADDRESS	5500 OLD OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEVE TURNER	
STREET ADDRESS	5500 OLD OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0042341

CR2E037 (9/96)